

CLAIMS ONLY

SERIAL NO.

10/796298

FILING DATE

APPLICANT(S)

7/5/05

CLAIMS

7/5/05

	AS PREPARED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	46					
TOTAL CLAIMS	49					

	7/5/05		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73	1					
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94	1					
95	1					
96	1					
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	46					
TOTAL CLAIMS	50					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
109							159						
110							160						
111							161						
112							162	1					
113							163						
114							164						
115							165						
116							166						
117							167						
118							168						
119							169						
120							170						
121							171						
122							172						
123							173						
124							174						
125							175						
126							176						
127							177						
128							178						
129							179						
130							180						
131							181						
132							182						
133							183						
134							184						
135							185						
136	1						186						
137							187						
138							188	1					
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	1						TOTAL IND.	2					
TOTAL DEP.	49						TOTAL DEP.	48					
TOTAL CLAIMS	50						TOTAL CLAIMS	50					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/796,298
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							2 51						
202							2 52						
203							2 53						
204							2 54						
205							2 55						
206							2 56						
207							2 57						
208							2 58						
209							2 59						
210							2 60						
211							2 61						
212							2 62						
213							2 63						
214							2 64						
215							2 65						
216							2 66						
217							2 67						
218							2 68						
219							2 69						
220							2 70						
221							2 71						
222							2 72						
223							2 73						
224							2 74						
225							2 75						
226							2 76						
227							2 77						
228							2 78						
229							2 79						
230							2 80						
231							2 81						
232							2 82						
233							2 83						
234							2 84						
235							2 85						
236							2 86						
237							2 87						
238							2 88						
239							2 89						
240							90						
241							2 91						
242							2 92						
243							2 93						
244							2 94						
245							2 95						
246							2 96						
247							2 97						
248							2 98						
249							2 99						
250							3 00						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						